

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED

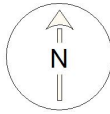
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092889



Indicate
North
by Arrow



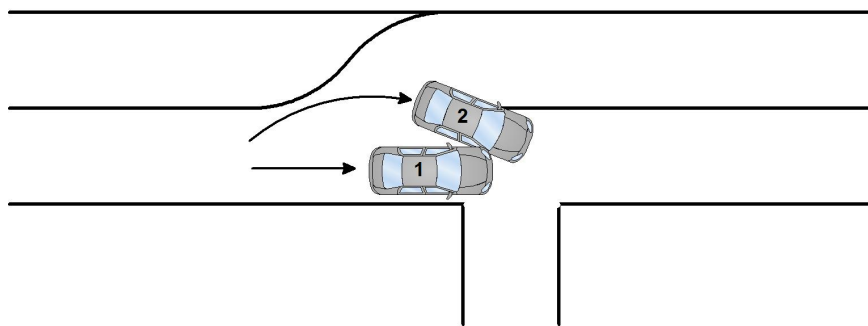
MEASUREMENTS ARE APPROXIMATE

POI 1
105 FT W OF W CURB S 27TH ST
8 FT N OF S CURB J ST

Not To Scale

STREET WIDTH
J ST
37 FT

← S 26TH ST J ST S 27TH ST →



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 reported she was traveling eastbound on J St between S 26th St and S 27th St behind V2. D1 said V2 went into the left turn lane and then came back across her lane. D1 said she collided with V2. D2 said he was driving eastbound on J St between S 26th St and S 27th St. D2 said he swung his vehicle slightly into the turn lane in order to turn into his driveway. D2 said while completing his turn he collided with V1. No injuries reported. State accident forms provided.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				ALCOHOL/ DRUGS SUSPECTED				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2		VEH 1		VEH 2		
1			X		J ST				POINT OF IMPACT	08	POINT OF IMPACT	02	1	4	2	2	2	Y	X	Y	X	Y	X	Y	X
2			X		J ST				MOST DAMAGED AREA	08	MOST DAMAGED AREA	02	2	4	2	2	2	N	X	N	X	N	X	N	X
1	01	06 Turning left				MOST DAMAGED AREA		08	MOST DAMAGED AREA		02	1		4	2		2	BAC LEVEL				ALCOHOL/ DRUGS SUSPECTED		Driver No. 1 1	
2	05	08 Entering traffic lane				MOST DAMAGED AREA		02	MOST DAMAGED AREA		02	2		4	2		2	BAC LEVEL				ALCOHOL/ DRUGS SUSPECTED		Driver No. 2 1	
01 Essentially straight ahead					09 Leaving traffic lane					00 None					1 None used - vehicle occupant					1 Neither alcohol nor drugs suspected					
02 Backing					10 Parked					09 Top & windows					2 Lap & shoulder belt used					2 Yes - alcohol suspected					
03 Changing lanes					11 Slowing or stopped in traffic					10 Undercarriage					3 Shoulder belt only used					3 Yes - drugs suspected					
04 Overtaking/ Passing					12 Other					11 Total (all areas)					4 Lap belt only used					4 Yes - alcohol & drugs suspected					
05 Turning right					13 Unknown					12 Other					5 Child safety seat used					5 Unknown					
										08					6 DOT approved helmet used										
										07					7 Costume helmet used										
										06					8 Restraint use unknown										
															9										

OFFICER NO. 1685	TROOP/ TEAM/ BEAT 2	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Kyle Meyerson		INVESTIGATOR SIGNATURE Approved by Officer Kyle Meyerson	DATE OF REPORT 10/05/2015